peba academy

south carolina peba
state health plan | retirement systems

Insurance Benefits Training

2020

Important information

This presentation contains an abbreviated description of insurance benefits provided by or through PEBA. The plan of benefits documents and benefits contracts contain complete descriptions of the health and dental plans and all other insurance benefits. Their terms and conditions govern all health benefits offered by or through PEBA.

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Important information

- This overview is not meant to serve as a comprehensive description of the insurance benefits offered by PEBA.
- More information can be found in the following:
  - *Benefits Administrator Manual*; and
  - *Insurance Benefits Guide*.

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Insurance benefits training

- Resources.
- Eligibility.
- Determining eligibility and enrollment.
- Open enrollment period.
- Insurance benefits.
- Health plans.
- Dental.
- Vision care.
- Life insurance.
- Long term disability.
- MoneyPlus.
- Health and wellness.
  - Tools and resources.
- Change in status.
- COBRA.
- Day Two: EBS review.

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Resources

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Resources

- Employee Benefits Services (EBS).
- *Benefits Administrator Manual* (BA Manual).
- *Plan of Benefits*.
- *Insurance Benefits Guide*.
- *Insurance Summary*.
- Navigating your benefits web page.
- PEBA Health Hub.
- *PEBA Update* weekly e-newsletter.
- Customer Contact Center BA Line.

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Resources

- Employer Services.
  - Employer advisory group.
  - Email EmployerServices@peba.sc.gov.
  - Insurance benefits support menu.
  - Employers web page.
- Field Services.
  - Register for training classes.
    - Training calendar.
  - Email FieldServices.Insurance@peba.sc.gov.
  - Request assistance.
- Benefits at Work annual conference.

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Eligibility

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Eligible participants

- Full-time equivalent employees.
- Retirees.
- Dependents.
  - Spouses.
  - Children.
- Survivors.
- COBRA subscribers.
- Former spouses.

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Active employees

- Averages at least 30 hours a week unless they are:
  - Employed as a part-time teacher, or
  - Employed by employer who allows coverage for 20-hour employees.

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Retired employees

- Must meet certain eligibility requirements to continue insurance coverage in retirement.
- Temporary full-time and variable-hour employees are not eligible.
- Only PEBA can determine retiree insurance eligibility.
  - Flyers available at www.peba.sc.gov/nyb.
  - Submit *Employment verification record* form.
- If eligible, retiree must enroll using *Retiree Notice of Election* within 31 days of retirement date.

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Dependent spouse

- Current spouse.
- Spouse who is employed in a benefits-eligible position by an employer that participates in a PEBA insurance program cannot be covered.

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Dependent children

- Natural child.
- Stepchild.
- Adopted child.
- Child placed for adoption.
- Foster child.
- Child for whom employee has legal custody.

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Dependent children

- Must be younger than age 26.
  - Coverage may continue beyond age 26 if the child is incapacitated.
- To be eligible for Dependent Life-Child insurance, a dependent child age 19-24 must be full-time student, unmarried and not employed on a full-time basis.

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Dependent children

- Coverage for an incapacitated child may continue beyond age 26, when coverage would otherwise end, as long as the child remains eligible.
- Subscriber must submit proof of incapacity and dependency by completing the Incapacitated Child Certification form.
- Transactions involving incapacitated children must be completed with a paper *Notice of Election*.

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Dependent children

- If employed with participating employer:
  - May enroll as an active employee; or
  - Stay on parent's coverage as dependent child.
- If employee chooses to remain on parent's coverage as dependent child:
  - Remain enrolled as dependent child **until age 26.**
  - When child loses coverage, may enroll due to loss of state coverage in:
    - Health, dental, vision; and
    - Optional Life and SLTD with medical evidence.

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Dependent documentation

- Required to cover spouse or child.
  - Examples include copy of marriage license or long-form birth certificate.
- Must be submitted when enrolling a spouse or child.
- Upload supporting documentation securely through MyBenefits and EBS.

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National Medical Support Notices (NMSN)

- Sent by state child support agencies to employers and plan administrators when employee is obligated to provide employer-sponsored health coverage for child by court or administrative child support order.
- Serves as documentation needed for enrollment.
- By federal law, coverage-eligible employees cannot refuse to cover identified children.
- Coverage continues until either:
  - PEBA receives notice from issuing agency to remove child; or
  - Employee loses insurance eligibility.

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Employer responsibility for NMSNs

- Complete Part A, then forward to PEBA or return to issuing agency.
- Do not share information on child or custodial parent with employee, including:
  - Names;
  - Addresses;
  - Social Security numbers; and
  - Other contact information.
- Can share name and contact information of issuing agency and case number.
- PEBA NMSN Coordinator: medicalsupportnotices@peba.sc.gov.

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Survivors

- Spouses and children covered under health, dental or vision at the time of covered employee's death.
- Spouse eligible until re-marriage.
- Children eligible until age 26.
- If all coverage is canceled, cannot re-enroll as survivor.

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Survivor premiums*

- Health premiums waived for one year for survivor of active employee or state-funded retiree.
- After waiver, survivor may continue coverage at the non-funded rate.
- No waiver of dental or vision premiums.
- Health and dental premiums for survivors of an employee killed in the line of duty are waived for one year. After the waiver, they may continue coverage at the employer-funded rate.

*Survivor premiums for optional employers may vary.

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COBRA subscribers

- COBRA requires continuation of health, vision, dental, and/or Medical Spending Account* coverage be offered if no longer eligible.
- Individuals must be covered at the time of termination to be eligible.

*See COBRA details on Medical Spending Account eligibility under COBRA.

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Former spouses

- A former spouse may enroll in coverage under his own policy if an active employee or retiree is required by a court order to provide coverage.
  - Must enroll within 31 days of eligibility.
- Coverage for a former spouse can include health, dental and vision coverage.
- The cost of former spouse coverage is the full premium amount.
- To cover a former spouse, complete a Former Spouse Notice of Election form.

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Determining eligibility and enrollment

Active employees

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Affordable Care Act (ACA)

- As a participating employer in PEBA insurance benefits, you must offer coverage to all employees eligible to participate in the insurance benefits.
- Resources at www.peba.sc.gov/aca.html.
  - ACA glossary.
  - Affordable Care Act FAQs.
  - Reporting requirements and quick reference guides.

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Types of employees

- New full-time employees (permanent or non-permanent).
  - Newly hired employee who is determined by employer, as of the date of hire, to be full-time and eligible for benefits.
- New variable-hour, part-time or seasonal employees.
  - Newly hired employee who is not expected to be credited an average of 30 hours per week, as of the date of hire. Employer cannot reasonably determine eligibility for benefits as of the date of hire.
- Ongoing employees.
  - *Any* employee who has worked with an employer for an entire Standard Measurement Period.

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When to enroll

- New full-time employees and retirees.
  - Within 31 days of date of hire or retirement.
- New variable-hour, part-time, and seasonal.
  - During Initial Administrative Period.
- All eligible employees.
  - During the Administrative Period or open enrollment period. Enrollment/changes are effective the following January 1.
  - Within 31 days of a special eligibility situation.

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New full-time employees

- Are expected to work 30 hours or more per week as of their date of hire.
- Enroll within 31 days of date of hire.
- No waiting period.
- No Initial Measurement Period.
- Employees should be offered benefits at the time of hire.

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New full-time employees

- If hired on the first of the month, coverage begins on that day.
- If hired on the first working day of the month, but not the first day of the month (Wednesday, January 2, 2019), employee may choose the first of that month or the first of the following month.
- If hired on any day other than the first or the first working day of the month, coverage begins the first of the month after the date of hire.

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New variable-hour, part-time or seasonal employees

- **Variable-hour**: employer does not know if employee will average 30 or more hours per week.
- **Part-time**: employer does not expect employee to average 30 hours per week.
- **Seasonal**: position is customarily less than six months and begins around the same time each year.

Employees must average 30 hours during first 12 months of employment before becoming eligible for insurance coverage.

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New variable-hour, part-time or seasonal employees

- Initial Measurement Period:
  - Begins the first of the month after the date of hire and ends 12 months later.
  - Measure the employee's hours over the Initial Measurement Period to determine future eligibility for benefits.
- Initial Administrative Period:
  - Begins the day after the Initial Measurement Period ends and ends the last day of the same month.
  - Use this time to review the employee's hours over the Initial Measurement Period. If the employee averages 30 hours, he is eligible for coverage. Offer benefits to the employee effective the first of the following month.
- Initial Stability Period:
  - Begins the day after the Initial Administrative Period ends and lasts for 12 months.
  - Period of time that an employee cannot lose eligibility for benefits regardless of the number of hours worked.

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Example
Date of hire = June 6, 2019

Initial Measurement Period (monitor hours worked)	
July 1, 2019 – June 30, 2020	Monitor hours worked during first 12 months of employment. Coverage is not offered.

Initial Administrative Period (determine if eligible)	
July 1 – 31, 2020	Calculate average hours worked during Initial Measurement Period. (total hours/52 weeks = average hours)

Initial Stability Period (cannot lose eligibility if average hours = 30 or more)	
August 1, 2020 – July 31, 2021	Employee is eligible for insurance for 12 months regardless of number of hours worked.

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Ongoing employees

- Any employee, including full-time, variable-hour, part-time, and seasonal employees, who has been employed for a full Standard Measurement Period.
- *All employees will eventually become ongoing employees.*
- Standard Measurement Period (monitor hours).
  - October 4 – October 3 of the next plan year.
  - Period of time to determine eligibility for the upcoming plan year.
  - For full-time employees, hours do not need to be counted to determine eligibility for the coming year.

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Ongoing employees

- Administrative Period (determine eligibility).
  - October 4 – December 31.
  - Period of time to identify and enroll eligible individuals in coverage.
    - October 4 – October 31: Employers must offer coverage to newly eligible employees.
    - November 1 – December 31: PEBA uses the remainder of the Administrative Period to process enrollments to ensure employees have access to coverage at the beginning of the Stability period.
- Stability Period (guaranteed coverage).
  - January 1 – December 31.
  - Period of time an eligible employee remains eligible for insurance benefits.

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Ongoing employees

- During October enrollment period, calculate the average hours (total hours/52 weeks) of those employed during *full* Standard Measurement Period.
  - If employee remains eligible, no action is required. Make changes to coverage for the next plan year.
  - If employee loses eligibility, coverage continues until the end of his Initial Stability Period or Stability Period.
  - If employee is newly eligible, may enroll in benefits during the October enrollment period. Benefits will become effective January 1 of the next plan year.

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Example
Date of hire = June 6, 2019

Initial Measurement Period	Standard Measurement Period
July 1, 2019 – June 30, 2020	October 4, 2019 – October 3, 2020

Initial Administrative Period	Administrative Period
July 1 – 31, 2020	October 4, 2020 – December 31, 2020

Initial Stability Period
August 1, 2020 – July 31, 2021

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Example
Date of hire = June 6, 2019

- During 2020 Administrative Period (Oct 3-Dec 31), employee has been employed for a full Standard Measurement Period (October 4, 2019 to October 3, 2020).
- Employee is now an ongoing employee.
- Review hours with all ongoing employees using the Standard Measurement Period to determine if eligible for coverage for the remainder of 2021 plan year (after July 31, 2021).

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End of Initial Stability Period

- Employee will have been employed for a full Standard Measurement Period.
- Review the average number of hours worked during the previous Standard Measurement Period.
  - If the employee averaged 30 hours or more, benefits continue for the remainder of the plan year.
  - If the employee averaged less than 30 hours, coverage ends at the end of the Initial Stability Period. Review the hours again in October to determine eligibility for the next plan year.

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Example - End of Initial Stability Period

- Averaged 30 hours per week during the previous Standard Measurement Period (October 4, 2019 – October 3, 2020).
  - Benefits will not end on July 31, 2021, but will continue until December 31, 2021.
  - Review hours during the October 2021 Administrative Period to determine eligibility for the Stability Period or next plan year (January 1, 2022 – December 31, 2022).

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Example - End of Initial Stability Period

- A new part-time employee is eligible for benefits during Initial Stability Period of July 1, 2019 – June 30, 2020. Does not average 30 hours during the Standard Measurement Period (October 4, 2019 – October 3, 2020).
  - At the end of Initial Stability Period, benefits end. Offer COBRA continuation and conversion, if applicable. Measure hours only during the Standard Measurement Period.
  - During the October 2020 Administrative Period, review hours worked during the Standard Measurement Period (October 4, 2019 – October 3, 2020) to determine eligibility for the 2021 plan year.

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Annual October open enrollment

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Annual October open enrollment

- Enroll in, drop or change health plans.
- Enroll in or drop State Vision Plan.
- Add or drop dependents from health and vision.
- Enroll or re-enroll in MoneyPlus.
- Enroll in or increase Optional Life and/or Dependent Life-Spouse.
  - Medical evidence may be required.
- Decrease or cancel Optional Life and/or Dependent Life-Spouse.

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Annual October open enrollment

- **Odd-numbered years only:**
  - Enroll in or drop Dental Plus and/or Basic Dental.
  - Add or drop dependents from Dental Plus and/or Basic Dental.
- Make other changes as announced.
- Helpful resources for employers to use during open enrollment at www.peba.sc.gov/oeresources.html.
- www.peba.sc.gov/oe.html.

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Insurance benefits

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Insurance benefits

- All participating employers must offer their insurance-eligible subscribers all of the insurance programs that PEBA offers.
- Employers may not offer competing products and programs that PEBA already offers.
- Employers may offer products not offered by PEBA, however, premiums for those products may not be paid pretax through MoneyPlus, PEBA's flexible benefits option.

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Coordination of benefits

- Employees may be eligible for coverage through a spouse's employer who does not participate in PEBA insurance.
- Plan that covers the person as employee is primary to plan that covers person as dependent.
- When both parents cover a child, plan of the parent whose birthday occurs earlier in the year is primary.
- An employee and spouse, also covered as an employee or retiree with PEBA, may share the same deductible and coinsurance if enrolled in the same health plan.

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Benefit options

- Health plans.
- Dental.
- Vision care.
- Life insurance.
- Long term disability.
- MoneyPlus.

- *Insurance Orientation and Education* presentation and video at www.peba.sc.gov/iresources.html under Presentations.

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2020 monthly employer contributions (active employees)

- Optional employer contributions may vary.

	Employee	Employee/ spouse	Employee/ children	Full family
Health	$402.70	$797.68	$618.06	$998.72
Dental	$13.48	$13.48	$13.48	$13.48
Life	$0.32	$0.32	$0.32	$0.32
Long term disability	$3.22	$3.22	$3.22	$3.22

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Optional employers

- Subject to experience rating, or load factor, of health insurance premiums.
  - Employer contributions and subscriber premiums may be different than those published in PEBA publications.
  - www.peba.sc.gov/assets/2020opterpremiumsworksheet.pdf.
- Load factor is added to health premiums based on claims history and adjusted each year.
- Written notification of load factor each March.
  - Applied in January of the following year.

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Health plans

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Available plans

- State Health Plan (SHP):
  - Standard Plan.
  - Savings Plan.
- TRICARE Supplement Plan.

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2020 active employee monthly premiums

- Premiums for optional employers may vary.

	Employee	Employee/ spouse	Employee/ children	Full family
Standard Plan	$97.68	$253.36	$143.86	$306.65
Savings Plan	$9.70	$77.40	$20.48	$113.00
TRICARE Supplement	$62.50	$121.50	$121.50	$162.50

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State Health Plan

- PEBA manages the State Health Plan.
- Self-funded insurance plan:
  - Employees' and employers' premiums are held in a trust fund, which pays for claims.
  - BlueCross BlueShield of South Carolina processes medical claims.
- Cost of the State Health Plan compares favorably to other plans.
  - Learn more at www.peba.sc.gov/factsfigures.html.
- Health management is key to maintaining a low cost for the Plan and premiums.

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State Health Plan Standard and Savings Plans

- Common features.
- Worldwide coverage.
- In- and out-of-network benefits.
  - Patient-Centered Medical Home (PCMH).
  - Pharmacy network.
- Preauthorization for certain services.
- Online access at statesc.southcarolinablues.com.

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State Health Plan provider network

- Network provider files claims and accepts the Plan's allowed amount, even if charges are higher.
- Subscriber pays deductible, copayments and coinsurance.
- Search the provider network at www.statesc.southcarolinablues.com.

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Patient-Centered Medical Home (PCMH)

- Provides a health care team to provide comprehensive, coordinated care.
- Standard Plan subscribers do not have $14 copayments.
- Once the deductible is met for Standard and Savings Plan subscribers, pay only 10 percent coinsurance.
- To find a list of PCMH providers and learn more, go to:
  - statesc.southcarolinablues.com;
  - Select *Coverage Information*; and
  - Select *Patient-Centered Medical Home*.

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State Health Plan prescription drug benefit

- Administered by Express Scripts.
- Must use in-network pharmacy.
- Preauthorization required for certain drugs.
- Prescription birth control covered at no cost.
- Compare costs online at www.express-scripts.com.

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Out-of-network

- Subscriber:
  - May have to file claims.
  - Can be balance billed.
  - Pays higher coinsurance.
- No benefits paid for out-of-network prescription drugs.

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State Health Plan Standard Plan

- Annual deductible:
  - $490 individual.
  - $980 family.
- Copayment:
  - $14 office visit.
    - Office visit copay waived if seeing a PCMH provider.
  - $105 outpatient facility services.
  - $175 emergency room visit.

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State Health Plan Standard Plan

- In-network coinsurance:
  - Plan pays 80 percent.
  - Subscriber pays 20 percent.
  - Coinsurance maximum of $2,800 individual or $5,600 family.
- PCMH coinsurance:
  - Plan pays 90 percent.
  - Subscriber pays 10 percent.
- Out-of-network coinsurance:
  - Plan pays 60 percent.
  - Subscriber pays 40 percent.
  - Coinsurance maximum of $5,600 individual or $11,200 family.

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State Health Plan Standard Plan prescription benefit

- Pay a copayment for prescription drugs.
- $3,000 annual copayment maximum.

	Network retail pharmacy (up to 31-day supply)*	Mail order (up to 90-day supply)*
Tier 1: Generic	$9	$22
Tier 2: Preferred	$42	$105
Tier 3: Non-preferred	$70	$175

*Pay-the-difference applies.

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State Health Plan Savings Plan

- Annual deductible:
  - $3,600 individual.
  - $7,200 family.
- Additional benefits:
  - Eligibility to contribute to Health Savings Account (HSA).

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State Health Plan Savings Plan

- In-network coinsurance:
  - Plan pays 80 percent.
  - Subscriber pays 20 percent.
  - Coinsurance maximum of $2,400 individual or $4,800 family.
- PCMH coinsurance:
  - Plan pays 90 percent.
  - Subscriber pays 10 percent.
- Out-of-network coinsurance:
  - Plan pays 60 percent.
  - Subscriber pays 40 percent.
  - Coinsurance maximum of $4,800 individual or $9,600 family.

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State Health Plan Savings Plan prescription benefits

- Pay full allowed amount of prescriptions until deductible is met.
- Once deductible is met, pay 20 percent.

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Tobacco surcharge

- $40 per month for State Health Plan subscribers.
- $60 per month for State Health Plan subscribers who cover at least one dependent.
- Automatically charged unless subscriber certifies as non-tobacco user at enrollment or completes a tobacco cessation program.
- May certify status changes by completing *Certification Regarding Tobacco or E-cigarette Use*.
  - Updated form includes electronic cigarette language.

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Patient Assurance Program

- Beginning January 1, 2020, State Health Plan members will get a 30-day supply of their preferred insulin for $25 (90-day supply for $75) at a network pharmacy or through home delivery from Express Scripts Pharmacy.
- Members can find out if their preferred insulin product is covered by logging in to their account at express-scripts.com or by calling 855.612.3128.
- Program is not available to Medicare-primary members.

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Medi-Call

- Some services, such as any type of inpatient hospital care, must be preauthorized.
- Subscriber responsible for calling.
  - At least 48 hours before receiving services for certain procedures.
  - Emergency hospital admissions must be reported within 48 hours or the next working day after a weekend or holiday admission.
    - Subscriber will incur penalties for not calling.
- Contact numbers (on State Health Plan ID card):
  - 803.699.3337 or 800.925.9724.
  - 803.264.0183 (fax).

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National Imaging Associates

- Preauthorization required for advanced radiology services, such as CT, MRI, and PET scans.
- Contact number: 866.500.7664.

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Companion Benefit Alternatives

- Preauthorization required for mental health and substance abuse facility services and some professional services.
  - Penalties will apply if facility services not preauthorized.
  - No benefits will be paid for professional services that require preauthorization if they are not preauthorized.
- Claims subject to same deductibles, copayments, and coinsurance as medical claims.
- Contact number: 800.868.1032.

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Adult well visits

- Covered as a contractual service by the Standard Plan.
- Visit is subject to copayment, deductible and coinsurance.
- Evidence-based services with an A or B recommendation by the United States Preventive Services Task Force (USPSTF) included.

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Adult well visit eligibility for Standard Plan members

- Available to all non-Medicare primary adults age 19 and older.
- The Plan will only cover one visit in covered years based on the following schedule:

	Once a year	Once every two years	Once every three years
Ages 19-39			✓
Ages 40-49		✓	
Ages 50 and up	✓		

- Eligible female members may use well visit at gynecologist or primary care physician, but not both, in a covered year.
  - If a woman visits both doctors in the same covered year, only the first routine office visit received will be allowed.

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Adult well visits and the Savings Plan

- The Plan will cover a well visit every year for Savings Plan members at no cost.
- Covered well visits include evidence-supported services based on USPSTF A and B recommendations.

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TRICARE Supplement Plan

- Administered by Selman & Company.
- Provides secondary coverage to TRICARE.
- No deductibles, coinsurance or out-of-pocket expenses for covered services.
- PEBA does not confirm eligibility.
  - Eligible individuals must register with Defense Enrollment Eligibility Reporting System (DEERS).
  - Must not be eligible for Medicare.
  - Must drop State Health Plan coverage to enroll.

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TRICARE Supplement Plan

- No COBRA rights.
- No employer contribution, per federal regulations.
- Not subject to tobacco surcharge.

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Dental

Administered by BlueCross BlueShield of South Carolina

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Dental Plus

- Pays more and has higher premiums and lower out-of-pocket costs.
- Has higher allowed amounts, which are the maximum amounts allowed by the plan for a covered service. Network providers cannot charge for the difference in their cost and the allowed amount.

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Basic Dental

- Pays less and has lower premiums and higher out-of-pocket costs.
- Has lower allowed amounts, which are the maximum amounts allowed by the plan for a covered service. There is no network for Basic Dental; therefore, providers can charge for the difference in their cost and the allowed amount.

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Dental enrollment

- May enroll in, drop or change during open enrollment in **odd-numbered years** or a special eligibility situation.
- Must cover same family subscribers in chosen plan.

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Summary of benefits

	Dental Plus	Basic Dental
Diagnostic and preventive *Exams, cleanings, X-rays*	You do not pay a deductible. The Plan will pay 100% of a **higher allowed amount**. In network, a provider **cannot charge you for the difference** in its cost and the allowed amount.	You do not pay a deductible. The Plan will pay 100% of a **lower allowed amount**. A provider **can charge you for the difference** in its cost and the allowed amount.
Basic *Fillings, oral surgery, root canals*	You pay up to a **$25** deductible per person.[1] The Plan will pay 80% of a **higher allowed amount**. In network, a provider **cannot charge you for the difference** in its cost and the allowed amount.	You pay up to a **$25** deductible per person.[1] The Plan will pay 80% of a **lower allowed amount**. A provider **can charge you for the difference** in its cost and the allowed amount.

[1] If you have basic or prosthodontics services, you pay only one deductible. Deductible is limited to three per family per year.

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Summary of benefits

	Dental Plus	Basic Dental
Prosthodontics *Crowns, bridges, dentures, implants*	You pay up to a **$25** deductible per person.[1] The Plan will pay 50% of a **higher allowed amount**. In network, a provider **cannot charge you for the difference** in its cost and the allowed amount.	You pay up to a **$25** deductible per person.[1] The Plan will pay 50% of a **lower allowed amount**. A provider **can charge you for the difference** in its cost and the allowed amount.
Orthodontics[2] *Limited to covered children ages 18 and younger*	You do not pay a deductible. There is a $1,000 lifetime benefit for each covered child.	You do not pay a deductible. There is a $1,000 lifetime benefit for each covered child.
Maximum payment	$2,000 per person each year for diagnostic and preventive, basic and prosthodontics services.	$1,000 per person each year for diagnostic and preventive, basic and prosthodontics services.

[1] If you have diagnostic and preventive, basic or prosthodontics services, you pay only one deductible. Deductible is limited to three per family per year.
[2] There is a $1,000 maximum lifetime benefit for each covered child, regardless of plan or plan year.

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2020 monthly dental premiums

	Employee	Employee/ spouse	Employee/ children	Full family
Dental Plus	$25.96	$60.12	$74.26	$99.98
Basic Dental	$0.00	$7.64	$13.72	$21.34

If you work for an optional employer, verify your rates with your benefits office.

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Vision care

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State Vision Plan

- Coverage includes:
  - Comprehensive eye exams;
  - Frames;
  - Lenses and lens options; and
  - Contact lens services and materials.
- Receive discounts on extra pairs of eyeglasses, contact lenses, and LASIK and PRK vision correction.
- Additional benefits available for diabetics.
- Choose either frames/lenses or contact lenses, but not both in the same plan year.

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State Vision Plan

- No claims to file at in-network providers.
  - Responsible for copayments and any charges remaining after allowances and discounts have been applied to bill.
- Pay for services at out-of-network providers.
  - EyeMed will reimburse for portion of expenses for certain services.
- Use *Find an eye doctor* link at www.EyeMed.com.

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Exams

	In-network member cost	Out-of-network reimbursement
	You pay:	You receive:
Exam, with dilation if necessary	A **$10** copay.	Up to $35.
Retinal imaging	Up to **$39**.	No reimbursement.

Find a network provider at www.EyeMed.com.

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Frames and lenses

	In-network member cost	Out-of-network reimbursement
	You pay:	You receive:
Frames	**80%** of balance over **$150** allowance.	Up to $75.
Standard plastic lenses	A **$10** copay.	Up to $55.
Standard progressive lenses	A **$35** copay.	Up to $55.
Premium progressive lenses	**$35**-**$80** for Tiers 1-3. For Tier 4, you pay copay and 80% of cost less **$120** allowance.	Up to $55.

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Contact lenses

	In-network member cost	Out-of-network reimbursement
	You pay:	You receive:
Standard contact lenses fit & follow-up	A **$0** copay.	Up to $40.
Premium contact lenses fit & follow-up	A **$0** copay and receive 10% off retail price less **$40** allowance.	Up to $40.
Conventional contact lenses	A **$0** copay and 85% of balance over **$130** allowance.	Up to $104.
Disposable contact lenses	A **$0** copay and balance over **$130** allowance.	Up to $104.

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2020 monthly vision premiums

	Employee	Employee/ spouse	Employee/ children	Full family
Vision	$5.80	$11.60	$12.46	$18.26

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Life insurance

Insured by MetLife

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Basic Life insurance

- $3,000 term life insurance if under age 70.
- Automatically enrolled at no cost if you enroll in health insurance.
- Includes matching amount of Accidental Death and Dismemberment (AD&D) insurance.

90

Optional Life insurance

- Elect in $10,000 increments up to a maximum of $500,000.
- Lesser of three times annual earnings or $500,000 is guaranteed within 31 days of initial eligibility.
  - Apply for additional coverage by completing a *Statement of Health*.
- Includes matching amount of AD&D insurance.
- Coverage reduces to:
  - 65 percent at age 70;
  - 42 percent at age 75; and
  - 31.7 percent at age 80 and beyond.

91

Dependent Life-Spouse

- Elect in $10,000 increments up to a maximum of $100,000 or 50 percent of your Optional Life amount, whichever is less.
  - Must complete *Statement of Health*.
- If not enrolled in Optional Life, spouse coverages of $10,000 or $20,000 are available.
- $20,000 of coverage guaranteed within 31 days of initial eligibility.
- Includes matching amount of AD&D insurance.

92

Dependent Life-Child

- Guaranteed coverage of $15,000 per child.
- Children are eligible from live birth to ages 19 or 25 if a full-time student.
- Child can be covered only by one parent under this Plan.

93

2020 Monthly premiums

Optional Life and Dependent Life-Spouse
Your premiums are determined by your or your spouse's age as of previous December 31 and coverage amount. Rates shown per $10,000 of coverage.

Age	Rate
Under 35	$0.58
35-39	$0.78
40-44	$0.86
45-49	$1.22
50-54	$1.94
55-59	$3.36

Age	Rate
60-64	$6.00
65-69	$13.50
70-74	$24.22
75-79	$37.50
80 and over	$62.04

Dependent Life-Child
$1.26 per month; you pay only one premium for all eligible children.

View premiums at **www.peba.sc.gov/iresources.html** under Monthly Premiums.

94

Tools and resources from MetLife

- www.metlife.com/scpeba.
  - Needs Calculator.
  - Life insurance forms.
  - Frequently asked questions.
  - Information about additional services.

95

Life insurance

- For more information about Life insurance, register for the half-day employer training class on *Retirement, Disability & Death*.
  - March 11, April 22, June 9, and July 29, 2020.
- Additional topics include:
  - Continuing/converting benefits at retirement.
  - Disability benefits and Accelerated benefits option.
  - MetLife's *Life insurance claim form*.
  - Additional services through MetLife.

96

Long term disability

Administered by Standard Insurance Company

97

Basic Long Term Disability

- Automatically enrolled at no cost if you enroll in health insurance.
  - Available to non-temporary, full-time employees.
- 90-day benefit waiting period.
- Monthly benefit of up to 62.5 percent of predisability earnings.
- Maximum $800 monthly benefit.

98

Supplemental Long Term Disability

- Choice of two plans:
  - 90-day benefit waiting period; or
  - 180-day benefit waiting period.
- Available to non-temporary, full-time employees.
- Monthly benefit of up to 65 percent of predisability earnings.
- Maximum $8,000 monthly benefit.
- Maximum benefit period is determined by employee's age when disability begins.

99

2020 Monthly premium factors

Multiply the premium factor for your age and plan selection by your monthly earnings to determine your monthly premium. You can also calculate your premium at www.standard.com/mybenefits/southcarolina.

Age preceding January 1	90-day waiting period	180-day waiting period
Under 31	0.00065	0.00052
31-40	0.00090	0.00070
41-50	0.00179	0.00136
51-60	0.00361	0.00277
61-65	0.00434	0.00333
66 and older	0.00530	0.00407

100

Long Term Disability

- Subject to pre-existing condition exclusion.
- Benefit reduced by deductible income, including but not limited to:
  - Workers' compensation;
  - Social Security benefits;
  - Sick leave pay; and
  - Any PEBA retirement benefits income.
- View the *Plan Certificate of Coverage* for complete details.

101

Tools and resources from The Standard

- www.standard.com/mybenefits/southcarolina.
  - Needs Estimator.
  - Premium Calculator.
  - Frequently asked questions.
  - Basic LTD Certificate.
  - Supplemental LTD Certificate.
  - Forms.

102

The Standard's *Workplace Possibilities* program

- Proactive disability management program that provides specialists to work directly with employees, employers and physicians in order to:
  - Increase employee productivity;
  - Reduce the cost, duration and impact of disability, FMLA and other absence/disability programs; and
  - Support employee participation in health management programs.

103

The Standard's *Workplace Possibilities* program

- Stay at Work services:
  - Services are provided while employee is still working.
  - Goal is to help the employee perform job tasks.
- Return to Work services:
  - Services are provided soon after an employee goes out of work.
  - Goal is to quickly return employee to work.
- Sign up for The Standard's blog at www.workplacepossibilities.com/blog.

104

Long Term Disability

- For more information about Long Term Disability, register for the half-day employer training class on *Retirement, Disability & Death*.
  - March 11, April 22, June 9, and July 29, 2020.
- Additional topics include:
  - Benefits ending at retirement.
  - Disability benefits eligibility.
  - The Standard definitions.
  - *LTD Benefits Claim Form packet*.
  - Lifetime Security Benefit provision.
  - Member death while SLTD benefits are payable.

105

MoneyPlus

Administered by ASIFlex

106

MoneyPlus

- IRS Section 125 Plan.
  - Also called a cafeteria plan.
- Tax-favored accounts program, which allows subscribers to save money on eligible medical and dependent care costs.
- Subscribers fund the accounts with money deducted pretax from paychecks.
  - Pay eligible expenses with pretax money.
  - Increases take-home pay.

107

MoneyPlus features

- Pretax Group Insurance Premium feature.
- Flexible spending accounts.
  - Medical Spending Account (MSA).
  - Limited-use Medical Spending Account.
  - Dependent Care Spending Account (DCSA).
- Health Savings Account (HSA).

108

Enrollment

- Employees enroll through MyBenefits.
  - Annual open enrollment period;
  - Special eligibility situations.
  - Employers use EBS to finalize enrollment.
  - Employers must provide the number of pay periods.
- New hires complete enrollment through their employer.
  - EBS or paper *Notice of Election* form.
  - Employer must provide number of annual pay periods.
- PEBA sends daily electronic enrollment and eligibility files to ASIFlex.

109

Pretax Group Insurance Premium feature

- Employees' and dependents' health, dental, and vision premiums paid on pretax basis.
  - Tobacco surcharge.
- Optional Life insurance premiums for first $50,000 of coverage paid on pretax basis.
  - Excludes Dependent Life-Spouse and Dependent Life-Child insurance premiums.

110

Pretax Group Insurance Premium feature

- No monthly administrative fee.
- Employee can enroll when hired.
- May also enroll due to special eligibility situations or during annual October open enrollment.
- Once enrolled, do not need to re-enroll each year.

111

Flexible spending accounts

- Re-enroll every year to continue contributing.
- Do not have to be covered under State Health Plan.
- Use to pay eligible expenses for eligible spouse and dependents.
- Election remains in effect for the plan year unless participant experiences a qualified status change.

112

Qualified status changes

- Limited circumstances for flexible spending account changes within 31 days of a qualifying event.
  - Enrolling.
  - Increasing or decreasing contributions.
- Examples include change in marital status or number of tax dependents.
- Submit changes within 31 days of the event.
  - EBS or paper *Notice of Election* form.
  - Employer must provide number of annual pay periods.

113

Medical Spending Account (MSA)

- Contribution limit: $2,750.
- All funds available when benefits begin.
  - January 1 for open enrollment.
  - First day of coverage for new hires.
- Carryover up to $500 in unused funds to next plan year.
- March 31 deadline to submit claims for previous year.
- Monthly administration fee: $2.32.

114

MSA eligible expenses

- Deductibles, coinsurance and copayments.
- Medically necessary expenses.
- Prescription medications and approved over-the-counter medications with prescription.
- See the complete list of eligible expenses under Resources at www.asiflex.com/SCMoneyPlus.

115

Limited-use Medical Spending Account

- Available to members who have a Health Savings Account.
- Contribution limit: $2,750.
- All funds available when benefits begin.
  - January 1 for open enrollment.
  - First day of coverage for new hires.
- Carryover up to $500 in unused funds to next plan year.
- March 31 deadline to submit claims for previous year.
- Monthly administration fee: $2.32.

116

MSA and Limited-use MSA carryover

- Carryover up to $500 in unused funds to next plan year.
- Example:
  - Contribute $2,000 in 2020.
  - Incur $1,500 in eligible expenses during 2020.
  - Have balance of $500 that carries over to 2021.
  - Can re-enroll to contribute the maximum in 2021 in addition to the $500 carryover; or
  - Access carryover funds in 2021 without re-enrolling.
- Forfeits unused funds over $500 at year-end.

117

ASIFlex Card

- Issued to MSA and Limited-use MSA participants and valid for five years.
- Two cards mailed to home address on file.
  - Upon receipt, call to register and set up PIN.
  - Order additional cards through ASIFlex Online account.
- Can use card as credit transaction or debit transaction.
- Report lost or stolen card immediately.

118

Dependent Care Spending Account (DCSA)

- Contribution limits:
  - Married, filing separately: $2,500.
  - Single, head of household: $5,000.
  - Married, filing jointly: $5,000.
- Grace period through March 15 to spend funds contributed in previous year.
  - Must submit claims by March 31.
  - Funds not used before the end of the grace period are forfeited.
- Cannot be used with state and federal tax credits.
- Will not be reimbursed for expense until there is enough money in account to cover it.
- Monthly administration fee: $2.32.

119

DCSA eligible expenses

- Day care costs for children and adults.
- Summer day camp.
- Before- or after-school program.
- See the complete list of eligible expenses under Resources at www.asiflex.com/SCMoneyPlus.

120

Health Savings Account (HSA)

- State Health Plan Savings Plan subscribers only.
- Contributions accumulate to pay for expenses incurred during the period in which HSA is open.
- Use to pay expenses for spouse and dependents even if not covered by Savings Plan.
- Have access to account balance at any given time.
- Funds not used for health care expenses are subject to tax.

121

Health Savings Account (HSA)

- Contribution limits:
  - Single coverage: $3,550.
  - Family coverage: $7,100.
  - Additional catch-up contributions for a subscriber who is age 55 or older: $1,000.
    - If participant and spouse are covered by a family high deductible health plan, and are both age 55 or older, each can make a $1,000 catch-up contribution into his own HSA.
- Annual administration fee: $12.
- Custodian bank monthly maintenance fee (balances less than $2,500): $1.25.

122

MoneyPlus

- For more information about MoneyPlus, register for a half-day employer training class.
  - March 25, May 27, and July 15, 2020.
- Additional topics include:
  - Filing flexible spending account claims.
  - Health Savings Accounts with Central Bank.
  - Employer portal with ASIFlex.
  - Submitting payrolls and remittances.
  - Discrepancy reports.
  - Resources.

123

Health and wellness

Benefits resources

124

Health and wellness

- Additional benefits for State Health Plan-primary subscribers.
  - PEBA Perks no-cost benefits.
  - Blue CareOnDemand and MUSC Virtual Health visits.
  - Naturally Slim.
  - Rally.
  - Health coaching.
- *Health and wellness: Your Benefits Resources* presentation at www.peba.sc.gov/iresources.html under Presentations.

125

PEBA Perks

- Preventive screenings.
- Flu vaccine.
- Adult vaccinations.
- Well child benefits.
  - Exams and immunizations.
- Colorectal cancer screening.
- Cervical cancer screening.
- No-Pay Copay.
- Mammography.
- Diabetes education.
- Tobacco cessation.
- Breast pumps.

126

Preventive screenings

- Available to State Health Plan-primary subscribers and covered spouses.
- Also available to non-Medicare-eligible retirees, COBRA subscribers and covered spouses.
- Screenings, worth more than $300, include:
  - Blood work;
  - A health risk appraisal;
  - Height and weight measurements;
  - Blood pressure check; and
  - Lipid panels.

127

Flu vaccine

- The flu vaccine is available at no charge to State Health Plan-primary subscribers at any network doctor or pharmacy.
- Subscribers may get the shot from a participating network pharmacy for a $0 copay.
- If a subscriber receives the shot in a participating network doctor's office, the flu vaccine and the administration fee will be paid in full. Any costs associated with the office are not covered.

128

Adult vaccinations

- Available to State Health Plan-primary subscribers and dependents.
- Follows recommendations from the U.S. Centers for Disease Control and Prevention.
  - Covers adult vaccinations within specified age parameters.
- If a subscriber receives a shot in a network doctor's office, the vaccine and the administration fee will be paid in full.
  - Any associated office visit charges will be processed according to regular Plan coverage rules.

129

Well child benefits

- 100 percent coverage for well child checkups according to schedule.
- 100 percent benefits for covered immunizations according to schedule.
- Network provider required.

130

Colorectal cancer screenings

- 100 percent coverage for State Health Plan primary-subscribers and covered spouses.
- Routine colonoscopy available starting at age 50.
- Diagnostic available to any age subscribers and covered spouses.
- Benefit covers not only the colonoscopy but also the associated services.
- Qualified network provider required.

131

Cervical cancer screening

- State Health Plan allows women ages 18-65 to receive a Pap test each calendar year at no cost to its subscribers.
- Also covers the HPV test in combination with a Pap test once every five years for women ages 30-65.
- When a subscriber receives a Pap test at an in-network provider, only the lab fee and the portion of the office visit associated with the Pap test is covered.

132

No-Pay Copay

- Available to State Health Plan-primary subscribers and covered spouses.
- Qualify for the program on a quarterly basis by completing certain activities each quarter for the following conditions:
  - High blood pressure and high cholesterol;
  - Cardiovascular disease, congestive heart failure and coronary artery disease; and
  - Diabetes.
    - Some diabetic testing supplies are also available at no cost at network pharmacies.

133

Mammography

- 100 percent coverage for routine, four-view mammograms at participating providers.
- According to schedule:
  - One baseline routine for women ages 35-39.
  - One routine each calendar year for women age 40 and older.
- Diagnostic mammograms subject to deductible, copayment, and coinsurance.

134

Diabetes education

- Diabetes education trains diabetics to manage their condition to avoid disease-related complications.
- People who receive diabetes education are more likely to:
  - Use primary care and preventive services;
  - Take medications as prescribed; and
  - Control their blood glucose, blood pressure and cholesterol levels.
- Visit an in-network provider for more information.
- This benefit is available at no cost to State Health Plan-primary subscribers.

135

Quit For Life® Tobacco cessation

- The State Health Plan offers a tobacco cessation program at no cost.
- Includes a $0 copay for tobacco cessation medications to eligible participants.
- Covered spouses and dependent children age 13 or older are eligible.
- https://www.quitnow.net/SCStateHealthPlan/.
- Call 800.652.7230 or 866.QUIT.4.LIFE.

136

Breast pumps

- Subscribers can get a certain electric or manual breast pump at no cost by enrolling in *Coming Attractions*. The breast pump is not limited to participants in *Coming Attractions*.
- *Coming Attractions* program supports mothers throughout pregnancy and baby's first year of life.
- Log in to your My Health Toolkit account at StateSC.SouthCarolinaBlues.com.
  - Select Wellness, then Health Coaching and Coming Attractions Maternity Management.
- Subscribers can also call 855.838.5897 and press 4.

137

Blue CareOnDemand

- 24/7/365 face-to-face video urgent care.
- State Health Plan primary subscribers age 18 and older.
- Dependent children younger than 18 can be seen with an adult subscriber.
- Maximum cost of $59 for a video visit.
  - Actual cost subject to normal plan provisions including annual deductible and coinsurance.
- www.peba.sc.gov/bluecareondemand.html.

138

Other types of Blue CareOnDemand visits

- Behavioral health:
  - Video chat with a licensed counselor, therapist, psychologist or psychiatrist from the comfort of your home.
  - Help doesn't have to stop after your first consultation. Schedule follow-up visits at the time and frequency that are right for you.
  - The cost of the visit will vary based on the type of provider.
- Lactation consultations:
  - Video chat with a lactation consultant at no cost and get help for many of the common issues associated with breastfeeding.
  - You can schedule follow-up appointments at a time and frequency that are right for you.

139

Online tools and resources

- MyBenefits online account.
- My Health Toolkit.
- Express Scripts online and mobile app.
- Membership ID cards.
- Member messaging.
- Treatment Cost Estimator.
- Member Discounts.
- Find materials on the PEBA Health Hub.

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Change in status

Impact on insurance coverage eligibility

141

Most common changes in status

- Unpaid leave or reduction in hours.
- Military leave.
- Change in position.
  - Part-time to full-time.
  - Full-time to part-time.

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Unpaid leave or reduction in hours (in stability period)

- Benefits continue until the end of the employee's stability period or until the employee leaves employment, whichever occurs first.
- Employer cannot charge more than employee's share of premium (employee is still eligible).
- Employee does not have the option to cancel coverage unless he experiences a special eligibility situation or intends to enroll in health coverage through the Marketplace (may only cancel health insurance if going to the Marketplace).

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Unpaid leave or reduction in hours (not in stability period)

- Employees not in a stability period lose eligibility for insurance if they are not on protected leave, and experience a reduction of hours below 30 hours per week or enter into an unpaid leave status.
- Employer should terminate coverage and offer employee COBRA and/or conversion information if applicable.
- Coverage may be offered once employee returns to full-time position.

144

Military leave

- Continue coverage:
  - Nothing sent to PEBA.
  - Written permission to continue coverage and bill for premiums.
  - Provide *Your Insurance Benefits When Your Hours are Reduced* notice.

145

Military leave

- Cancel health due to gain of coverage:
  - Complete *Notice of Election* and attach a copy of military orders.
  - Provide *Your Insurance Benefits When Your Hours are Reduced* notice.
  - Cancel all coverage.
    - Complete the *Active Termination Form*.
    - Provide *Your Insurance Benefits When Your Hours are Reduced* notice.
    - Offer 36 months of COBRA and conversion information (if applicable).

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Change in position

- Part-time to full-time:
  - If a part-time employee is reclassified as a full-time employee, then benefits should be offered on the first of the month after their change of position.
- Full-time to part-time:
  - Employees who are **not in a stability period** and have a change in position that results in a reduction of hours below 30, will become ineligible for insurance benefits on the first of the month after the reduction.
  - An employee deemed **eligible for insurance during an initial stability period or standard stability** period does not lose eligibility due to a change in status. Benefits continue for the remainder of the stability period.

147

COBRA

Continuation of coverage

148

What is COBRA?

- Consolidated Omnibus Budget Reconciliation Act.
- Effective July 1, 1986.
- Prevents covered employees and their dependents from losing group health, dental, vision, and/or medical spending account coverage as a result of certain qualifying events.
- All employers participating in PEBA's insurance benefits are subject to COBRA, **regardless of the number of employees**.

149

Benefits administrator responsibilities

- Make eligible subscribers[1] and dependents aware of their COBRA rights and responsibilities.
- Offer COBRA coverage to qualified beneficiaries.
- Document your actions in the employee's file.

[1]If an employee is determined to never have been eligible for coverage while employed, he and his dependents are not eligible for COBRA.

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COBRA documents

- Available online at www.peba.sc.gov/iforms.html.
  - *COBRA Notice of Election* form.
  - Under *COBRA*:
    - *COBRA sample initial instruction sheet, cover page and notification letter (For all gains of coverage).*
    - *COBRA sample 18-month instruction sheet and notification letter.*
    - *COBRA sample 36-month instruction sheet and notification letter.*
    - *Notice of COBRA Qualifying Event.*
    - *COBRA Ineligibility Form for Dependents.*
    - *Notice to Extend COBRA Continuation Coverage.*
    - *Notice to Terminate COBRA Continuation Coverage.*
- COBRA premiums.

151

Initial COBRA notice

- Summarizes COBRA law and procedures.
- Outlines obligations of employers.
- Explains the rights and responsibilities of employees and dependents.

152

Second COBRA notice

- Advises individuals of their rights and responsibilities to continue coverage.
  - 18-month.
    - Extension to 29-months.
  - 36-month.
- Explains procedures for electing coverage.
- Include *COBRA Notice of Election* form.
- Include copy of current COBRA premiums.

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Third COBRA notice

- COBRA termination notice.
- PEBA mails via first class mail to the last known address.
- Informs qualified beneficiaries when coverage will end.
- Includes *Certificate of Creditable Coverage*.

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COBRA

- For more information about COBRA, register for a half-day employer training class.
  - March 11, April 22, June 9, July 29, 2020.
- Additional topics include:
  - Qualified beneficiaries.
  - Federal mailing and hand delivery requirements.
  - When to send notices and documentation.
  - Qualifying events.
  - Qualifying events to extend coverage.
  - Termination.

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Summary

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Insurance benefits review

- Resources.
- Eligibility.
- Determining eligibility and enrollment.
- Open enrollment period.
- Insurance benefits.
- Health plans.
- Dental.
- Vision care.
- Life insurance.
- Long term disability.
- MoneyPlus.
- Health and wellness.
  - Tools and resources.
- Change in status.
- COBRA.
- Day Two: EBS review.

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Important PEBA information

- 803.737.6800 and 888.260.9430.
- www.peba.sc.gov.
- Insurance forms at www.peba.sc.gov/iforms.html.
- Insurance resources at www.peba.sc.gov/iresources.html.

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Get social with PEBA

SCPEBA

PEBATV

SCPEBA

SCPEBA

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Disclaimer

This presentation does not constitute a comprehensive or binding representation regarding the employee benefits offered by the South Carolina Public Employee Benefit Authority (PEBA). The terms and conditions of the retirement and insurance benefit plans offered by PEBA are set out in the applicable statutes and plan documents and are subject to change. Please contact PEBA for the most current information. The language used in this presentation does not create any contractual rights or entitlements for any person.

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